

to develop injuries including “Complex Regional Pain Syndrome, brachial plexus, and pain amplification syndrome.” *Id.* at 1; Resp’t’s Rep. at 1.

On March 4, 2022, Respondent filed his Rule 4(c) Report in which he concedes that Petitioner is entitled to compensation in this case. Resp’t’s Rep. at 1-2, ECF No. 37. Specifically, Respondent states that

Medical personnel at the Division of Injury Compensation Programs, Department of Health and Human Services (“DICP”), have reviewed the Petition and supporting documentation filed in this case and concluded that A.R. developed CRPS of the left arm, which was more likely than not caused by administration of Tdap and/or IPV vaccines at the same location. No other causes for A.R.’s condition have been identified. *See* 42 U.S.C. § 300aa-13(a)(1)(B). In addition, given the medical records outlined above, petitioner has satisfied the statutory requirement that A.R.’s injury lasted for at least six months, or resulted in “inpatient hospitalization and surgical intervention” as required by 42 U.S.C. § 300aa-11(c)(1)(D)(i), (iii). Therefore, based on the record as it now stands, petitioner has satisfied all legal requisites for compensation under the Act.

Id. at 7-8.

In view of Respondent's position and the evidence of record, I find that Petitioner is entitled to compensation. A separate order for the damages phase of this case will issue shortly.

IT IS SO ORDERED.

s/ Katherine E. Oler

Katherine E. Oler
Special Master